

Dickinson County Highway-Moving Permit

Permit No.	Date:		Permit Fee \$200
Applicant Name:			
Address:	City:		
Contact Person:	Email:		
Phone:	Cell:		
to move the below detailed	pter 17, Article 19, as amended, permissio structure of a height sixteen (16) feet high m the starting location to the ending location	or more over and	across certain public highways
Starting location:			
Ending location:			
Type of Structure:			
Please outline proposed	d route on the map on the opposite	side of this pern	<u>nit.</u>
Applicant(s) Signature	Applicants P	rinted Name	
holder must contact the D	effect for a period of thirty (30) days from ickinson County Road & Bridge Departion of emergency services personnel if	tment at 785-263-3	
location of the moving oper	l give all effected utilities not less than fift ration. Should the moving operation be de four (24) hours prior to the actual operatio	elayed, then notice	
Road & Bridge Approval	Date:		
	Witness my hand and seal this	day of	, 20
	Con	nty Clerk	
	Cou	ing Civik	

Dickinson County, Kansas

